CCRMC Dept OBGYN​​Updated October 2014​ Prenatal Guideline

Consultation available 24 hours per day from OB on-call at 925-370-5608 or via page/amion, via inbasket to OB dept member or by calling Perinatologist at 510-444-0790 during the day and 510-204-1572 after hours. Consultation appointments or transfer of care to more experienced prenatal clinician available at major clinics sites—see consultation guidelines for more information.

**Postdates Pregnancy**

Good dating prevents unnecessary inductions--utilize early sono dating clinics, NT ultrasound or early formal ultrasound

Consider membrane sweeping beginning after 39wks

Only follow expectently into the 41 week uncomplicated pregnancies—pregnancies with HTN, DM, IUGR, twins, etc are all induced earlier

Induction within the 41st week preferred between 41w0d-41w6d have lower section rate, better outcomes than continued expectant management beyond 42 weeks

Initiate antepartum testing with modified biweekly BPP ( NST, AFI) by 41 wks if induction is delayed beyond the first couple of days of the 41st week.

Women with prior cesarean sections with an **unfavorable cervix and no prior vaginal delivery** we recommend repeat cesarean due to success rate < 50% and slightly higher risk of uterine rupture. Consider delaying scheduled induction to latter part of 41st week to allow more time for spontaneous labor in this situation.

Discuss management of patients with uncertain dates with OB staff

These guidelines are based on current evidence and consensus within the CCRMC OBGYN Dept and consulting Perinatologists understanding that alternative care plans are appropriate based on individual patient situation and changes in the evidence and national recommendations.